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ndicated unless corrected below or directed otherwise in Block 1, by (a) specifying a nonaintenance fee notifications.	ew correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
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STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C. 1100 NEW YORK AVENUE, N.W.

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(Depositor's name)
(Signature)
(Date)

ĺ	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/625,702	07/24/2003	Franciscus Maria Leonardus van der Goes	1875.2820002	1071

TITLE OF INVENTION: SUBRANGING ANALOG TO DIGITAL CONVERTER WITH MULTI-PHASE CLOCK TIMING

	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/06/2007	
	EXAMINER		ART UNIT	CLASS-SUBCLASS				
	NGUYEN, LINH V 2819			341-156000				
	I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address (or Change of Correspondence Address form PTOSH 212) attached. d'res Address 'indication of "Fee Address" Indication form PTOSH 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attornively, e firm (having as a memb agent) and the names of u meys or agents. If no nam	GOLDSTE	1 STERNE, KESSLER, GOLDSTEIN & FOX PLLC 2	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Broadcom Corporation Irvine, CA

Please check the appropriate assignee category or categories (will not b	e printed on the patent):	☐ Individual	Corporation or other private group entity	Government
4. The following fee(s) are submitted:	4h. Payment of Fee(s): (Please first rea	only any previously paid issue fee shown ab	nove)

Issue Fee A check is enclosed.

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form). Advance Order - # of Copies

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Robert Sokohl 36,013 Typed or printed name Registration No.

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